

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4/21/03.

I. DISPUTE

Whether there should be reimbursement for individual medical psychotherapy – 90844, preparation of report - 90889, 99071 and 99080-73 from 8/27/02 through 9/17/03.

II. RATIONALE

Explanation of Benefits (EOBs) were not submitted by either the requestor or the respondent for dates of service 9/10/02 and 9/13/02.

Per Commission Rule 133.307 (e)(2)(B), “

- (2) Each copy of the request shall be legible, include only a single copy of each document, and shall include...

- (B) a copy of each explanation of benefits (EOB) or response to the refund request relevant to the fee dispute or, if no EOB was received, convincing evidence of carrier receipt of the provider request for an EOB;

The requestor submitted a copy of the receipt for mailing information to the respondent, however, no copy of the signed green card receipt, which verifies delivery, was submitted. On this basis, the requestor failed to submit “convincing evidence of carrier receipt of the provider request for an EOB”, therefore; reimbursement is not recommended for dates of service 9/10/02 and 9/13/02.

The services dated 8/27/02, 9/3/02 and 9/17/02 were denied for lack of preauthorization.

Rule 134.600 (b)(1) states, “The insurance carrier is liable for all reasonable and necessary medical costs relating to the health care required to treat a compensable injury... when...

- (B) preauthorization of any health care listed in subsection (h) of this section was approved prior to providing the health care;”

Rule 134.600 (h) states, health care requiring preauthorization includes...(i)

- (2) all psychological testing and psychotherapy, repeat interviews, and biofeedback;
except when any service is part of a preauthorized or exempt rehabilitation program;

Neither the requestor or the respondent submitted documentation supporting that the disputed services had been preauthorized. On this basis, reimbursement for the services of 8/27/02, 9/3/02 and 9/17/02 is not recommended.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for 90844, 90889, 99071 and 99080-73.

The above Findings and Decision are hereby issued this 12th day of January 2004.

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Medical Review Division